		TARI	D-FEE(S	IRANOMIIIAL			
DEC 2 9 7005 8	this form, together v		0	Commissione P.O. Box 1450 Alexandria, V r <u>Fax</u> (571) 273-288	r for Patents ) /irginia 22313-1450 5		
				PUBLICATION FEE (if tification of maintenance for a new correspondence add	required). Blocks 1 through 5 ees will be mailed to the currer lress; and/or (b) indicating a sep	should be completed when it correspondence address a parate "FEE ADDRESS" for	
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CROWELL & MORING LLP INTELLECTUAL PROPERTY GROUP P.O. BOX 14300 WASHINGTON, D.C. 20044-4300				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (571) 273-2885, on the date indicated below.			
12/30/2005 SFELEKE2 00000106 09689854				Jay Harris		(Depositor's name)	
01 FC:2501 700.00 OP				bulli		(Signature)	
02 FC:8001 30.00 OP				December 22,	2005	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/689,854 TITLE OF INVENTION: M	10/13/2000 ATCHED FILTER A	ND SPREAD		Eerola M RECEIVER	PM 274425 2000010US/KA/KO	6648	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$730	12/22/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
FAN, CHIEH M.		2638 375		375-152000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON 1	THE PATENT	(print or type)			
PLEASE NOTE: Unless		low, no assignee	data will app	ear on the patent. If an ass	signee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
u-Nav Microelectronics C	corporation	lı	rvine, Califon	nia			
Please check the appropriate	assignee category or categor	ries (will not be pr	inted on the pa	atent): 🗖 Individual 🔽	Corporation or other private gro	oup entity Government	
4a. The following fee(s) are e	nclosed:	4b	. Payment of	` '			
				n the amount of the fee(s) is			
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Advance Order - # of C	copies 10		Deposit Acco	ctor is hereby authorized by ount Number 05-1	y charge the required fee(s), or 323 (enclose an extra co	credit any overpayment, to oppy of this form).	
5. Change in Entity Status (	•						
	IALL ENTITY status. See 3				MALL ENTITY status. See 37 CI	12/17	
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Authorized Signature / My Man Jaiday				Date December 22, 2005			
Typed or printed name Jonathan M. Lindsay			Registration No. 45,810				

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